

## Reply to Selfe (2014) letter to the editor on: Measurement properties of patient-reported outcome measures (PROMS) in patellofemoral pain syndrome

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# Accepted Manuscript

Reply to Selfe (2014) letter to the editor on: Measurement properties of patient-reported outcome measures (PROMS) in patellofemoral pain syndrome: A systematic review

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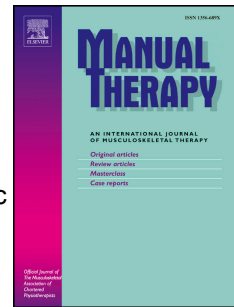
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**Title**

Reply to Selfe (2014) Letter to the Editor on: Measurement properties of patient-reported outcome measures (PROMS) in Patellofemoral Pain Syndrome: A systematic review.

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We welcome the letter from Professor James Selfe and thank him for drawing our attention to these issues.

1: We acknowledge the incorrect use of the term 'Modified Functional Index Questionnaire (MFIQ)' in the paper. We agree the term 'Functional Index Questionnaire (FIQ)' should have been used in its place. This error has now been corrected.

2: The inclusion criteria for our review were: "studies had to include participants that presented with a main complaint of patellofemoral pain (defined as anterior peripatellar or retro- patellar knee pain) with symptoms that were provoked by at least two of the following: prolonged sitting or kneeling, stair walking, running, squatting, hopping, a positive Clarke's sign or grind test, a positive patellar compression test and recognisable painful symptoms on palpation of the patellar facets". These criteria have been employed by several low risk of bias randomised controlled trials (Collins et al., 2008; van Linschoten et al., 2009; Collins et al., 2010).

The two studies from by Professor Selfe (Selfe et al. 2001a and b) were excluded from our review as they did not fulfil the eligibility criteria detailed above. Specifically, they included patellofemoral pain patients based on the presence of "pain in the lower limb originating from the patellofemoral joint" (Selfe et al 2001a, p.508), but with no further criteria used to determine diagnosis.

The two further studies highlighted by Professor Selfe (Nijs et al. 2006; Negahban et al. 2013) were also excluded from our review. The abstract for Nijs et al. (2006) focused on the diagnostic validity of five clinical PFPS tests without reference to their examination of the measurement properties of a Dutch version of the MFIQ (MFIQ-DV), and this article was therefore excluded at the title/abstract screening phase. The Negahban et al. (2013) paper was not eligible for inclusion as it was published after our search to August 2013.

We have retrospectively analysed the Nijs et al (2006) article to examine whether their results would impact upon our conclusions. Whilst the paper did not mention the analysis of the MFIQ-DV within the abstract, the paper was published within the timeframe of our search and has subsequently been brought to our attention.

Nijs et al. (2006) reported an 'acceptable' level (Reeve et al., 2013) of internal consistency results (Cronbach's  $\alpha = 0.71$ ) and there was a moderate correlation for the MFIQ-DV with pain on movement ( $\rho = 0.42$ ) but not for pain at rest or at night ( $\rho = -0.21$  &  $-0.08$  respectively). Unfortunately, both these measurement properties were investigated using poor methodological quality. Thus, in accordance with the COSMIN assessment criteria presented in our paper, the quality of MFIQ measurement properties remains 'unknown' due to poor methodological quality.

These results do not alter the overall conclusions presented in our paper, namely, (1) that no PFPS instrument possesses supporting evidence for all important measurement properties; and (2) the measurement properties of existing PFPS PROMs should be subjected to further scrutiny, using greater methodological quality.

Yours sincerely

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